OF A POLITICAL COMMITTEE State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999 NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on his form. For assistance in completing this form, see instructions on the reverse THIS AN AMENDMENT? Yes No

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Mailing address (address whom all	xamittee lelephone number	
. Mailing address (address where all campaign finance correspondence is received) Check if the	is is a new address	
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FISHERS, IN 46038 6.Pa	rty affiliation (if applicable)	
CANDIDATEME	REPUBLICAN	
Full name of candidate (include any pickname)	Committees Only (***)	NOVACE SHAPE OF THE COLUMN TO
4 /// // /	ty affiliation or if independent	
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FISHERS CLERK-TREPSURER 10.00	xunity of residence	<u></u>
Check one: DYPE OF REPORT	HAMILTON	•
Pre-Primary Pre-Sharing M	COMVENT	ION CANDIDATES ONLY
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 20 mus Outgoing Treasurer (within 10 days amend Statement of Omagination)	Check one:	
Outgoing Treasurer (within 10 days amend Statement of Organization) Reporting period:	1 — 45,1176,1	
From: 1-1-09	COLUMN A	
Cash on hand and investments at the beginning of this reporting period.	This Period	COLUMNE
Treatments January 1, current year	2085,09	Year to Date
CONTRIBUTION		
These arrounts include in kind contribute		
5a. Itemized (use Schedule A) 5b. Unitemized		
5c. Add lines 15a, and 15b in both columns	7.7	
5. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B SUBTO	Tal 773	. 28
Solution A and lines 14 and 15c in Column B TOT.		178
these amounts include in-kind expenditures and less		2085.87
(use outstand b) (Public Question: use Schedule C)		
b. Unitemized	125.00	125.00
c. Add lines 17a and 17b in both columns	199.00	99.00
Cash on hand and investments at close of this reposition and I//	TAL 224,00	224,00
Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TO Debts OWED BY the committee (use Schedule D)	TAL 1861.87	1861.87
Debts OWED TO the committee (use Schedule E)	0	
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a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor 14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

Receipts

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or part legibly N BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. It cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER
Page	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contribution, within a calendar year MUST proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE Please type or bring legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	
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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK NIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the swithin a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totated on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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a 1.	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A MOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED
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(CFA-4 SCHEDULE B) Itemized Expenditures

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ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this checkule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 7a of the Summary Sheet All cumulative expenses paid to individuals, businesses, labor organizations and ther entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, per party committee). All cumulative expenses, including in-kind, regardless of amount paid to political cumulative expenses (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) UST be itemized on this schedule.

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RECIPIENTS NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	ENDITORS	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

	For Public Questions
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For a schedule, see instructions on the reverse side. All cumulative expenses or transfers out the political committees support and political committees support and political committees.	•
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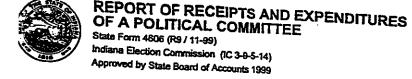
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(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this committee during the reporting period. Include all amounts owed for or to lending mount, OWED BY the credit purchases, committee credit over the second control of the
committee during the reporting period. List all debts and loans, regardless of the amount. OWED BY the credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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iNSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.	ng ne s.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, Z.P code		DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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